



**TOWN OF WESTFORD
BOARD OF SELECTMEN**

TOWN HALL
55 Main Street
WESTFORD, MA 01886
Telephone (978) 692-5501 Fax (978) 399-2557

**BoS License Application Fee
\$50.00**

Date Paid _____

Check# _____

License Fee: \$25.00

Date Paid _____

Check # _____

ONE DAY LIQUOR LICENSE

APPLICATION FORM

(MGLA Ch. 138 § 14)

Full name, address and phone number(s) of the organization making this application:

Nature of Event: _____

Name, address and phone number(s) of manager who shall be responsible for the license:

Location where event shall be held: _____

Time: _____

Has the approval of the property owner been obtained? YES _____ NO _____

Has the applicant been issued similar licenses in Westford in the past? YES _____ NO _____

Has a Sunday Entertainment License been applied for? YES _____ NO _____

The applicant hereby indicates that he/she is aware of and shall comply with all applicable statutes, by-laws and regulations.

Authorized Signature

Printed Name

Title

Date

Email Address

Phone Number



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NOTICE OF APPROVAL OF SPECIAL LICENSE

The local licensing authorities of the Town of Westford have approved, pursuant to the provisions of Chapter 138 Section 14, issuance of a special license as described herein.

Date of Authority Approval: _____

Name and Address of Licensee: _____

Effective Date of License: _____

Authorized Hours of Sales: FROM: _____ TO: _____

Description of the Licensed Premises: _____

License is for sale of: All Alcoholic Beverages _____
Wines and Malt Beverages Only _____

The Licensed Activity or Enterprise is: For Profit _____
Non Profit _____

Is the license for a dining hall maintained by an incorporated educational institution authorized to grant degrees? YES _____ NO _____

Restrictions attached to the license by the local authority: _____

THE LOCAL LICENSING AUTHORITIES

Town Manager

Date